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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

144:	57607
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	
Estimated avera	ge burden
hours per respoi	nse16.00

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Name of Officials (P) check if this is an amendment and name has changed, and indicate change.) Argent Classic Convertible Arbitrage Fund II	L. P.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08060841
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Argent Classic Convertible Arbitrage Fund II L. P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 500 West Putnam Avenue, Greenwich, Connecticut 06830	Telephone Number (Including Area Code) (203) 618-3400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Investment in convertible bonds and related securities.	PROCESSED
Type of Business Organization corporation	olease specify): SEP 2 2 2008
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	·
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supplined be filed with the SEC.	nt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	emption. Conversely, failure to file the ss such exemption is predictated on the

	The state of the s	A BASIC IDE	NTIFICATION DATA	整理工業	8 35) (1)	
2. Enter the information re						
 Each promoter of t 	he issuer, if the iss	uer has been organized w	ithin the past five years;			
						of equity securities of the issuer.
 Each executive off 	icer and director of	corporate issuers and of	corporate general and man	aging partners of	partner	rship issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	Ø	General and/or Managing Partner
Full Name (Last name first, i						
Business or Residence Addre 500 West Putnam A						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Ø Ďirector	7	General and/or Managing Partner
Full Name (Last name first, i Fertig, Ronald	f individual)					
Business or Residence Address 500 West Putnam A						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	7	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Bowman, Timothy J.						
Business or Residence Addres 500 West Putnam A						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	f individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	0	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			

302		13.5		ingsan 35. Tropic	3 , B. D	FORMATI	ON ABOU	OFFERI	G1:	Table 9	となった。		
The wind desirable and a second of the secon						Yes	No [✓]						
1.							L	<u> </u>					
_	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?						s 500	0,000					
2.	what is	ine minimi	um investin	chi illai w	in be acce	oteu nom a	ny marvia	441				Yes	No
3.			ermit joint									7	
4.	Enter the	e informati	ion request	ed for each	n person w	ho has been	n or will b	e paid or g	given, direc	tly or indi	rectly, any		
	If a nerce	an to be list	lar remune ted is an ass	ociated ne	rson or age	nt of a brok	er or deale:	rregistered	with the S	EC and/or	with a state		
	or states	list the na	me of the b	roker or de	aler. If mo	re than five	(5) person	is to be list	ed are asso	ciated pers	ons of such		
E1			first, if indi						-				
rui	I Mattie (I	est name	mst, it me	vidual,									
Bus	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		-				
	_		ue, New Y		York 100	016	<u> </u>			 .			
	me of Ass onehave		oker or De	aler									
		,	Listed Has	Solicited	or Intends	to Solicit I	urchasers				 -		
	(Check	"All States	" or check	individual	States)	****************		••••••••				X Al	l States
		[72]	AZ	[AR]	CA	CO	(CT)	DE	[DC]	FL	GA	HI	[ID]
	AL IL	AK IN		KS	KY	[LA]	ME	MD	MA	MI	MN	MS	МО
	MT	NE)	NV)	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	∇T	VA	WA	WV	WI	\overline{WY}	PR
Ful	Name (1	Last name	first, if ind	ividual)							<u> </u>		
Ru	siness or	Residence	Address ()	Number an	d Street, C	City, State, 2	Zip Code)	·····					
20.	Je.ss 0.	1001401100											
Na	me of Ass	ociated Br	oker or De	aler	-								
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)		•					☐ Al	l States
	AL	AK	AZ	AR	CA	CO)	CT	DE	DC	FL	GA	HI	ĪĎ
	IL	N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NH TN	נא TX	MM) UT	NY VT	NC VA	ND WA	OH WV	OK)	OR WY	PA PR
	RI				עבו	(OT)		<u> </u>	UVA)				
Fu	ll Name (l	Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (Number an	d Street, C	ity, State, 2	Zip Code)			·			
Na	me of Ass	ociated Br	oker or De	aler	<u> </u>	<u> </u>				,	<u>- · · · </u>		
Sta	ites in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		 .				
(Check "All States" or check individual States)							□ Al	l States					
	AL	AK]	ΑŽ	ĀR	CA	CO	CT	DE	DC	FL	ĜÁ	HI	ID
	IL	IN	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	ÑΫ	NH	NI	NM UT	NY	NC	ND	OH WW	OK)	OR)	PA
	RI	SC	SD	[TN]	TX	UT	VΤ	VA	WA	WŸ	Wl	WY	PR

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Pri		Sold
		r		c
	Debt			2
	Equity	\$	—	\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$_500,000,0	00	\$ 4,000,000
	Other (Specify)	s		\$
	Total	\$ 500,000,00	00	\$ 4,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	r Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors			\$ 4,000,000
	Non-accredited Investors			s
	Total (for filings under Rule 504 only)			s
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to th first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	s e		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$ 0.00
	a. Furnish a statement of all expenses in connection with the issuance and distribution of th			
4	securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			S
	Printing and Engraving Costs		☑	s500
	Legal Fees		$\overline{\square}$	\$ 10,000
	Accounting Fees			s _1,500
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		$\overline{\Box}$	s
	Other Expenses (identify)			s
	Total			\$ 12,000

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 499,988,000	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees] S	. 🗆 s	
	Purchase of real estate] S	s	
	Purchase, rental or leasing and installation of machinery			
	and equipment			
	Construction or leasing of plant buildings and facilities] \$. [] \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another			
	issuer pursuant to a merger)			
	Repayment of indebtedness] s		
	Working capital			
	Other (specify):] \$	- 🗆 \$	
		s	_ 🗆 \$	
	Column Totals		₹ 499,988,000	
	Total Payments Listed (column totals added)	✓ \$_4	\$ <u>499,988,000</u>	
	PEDERAL SIGNATURE TO PEDERAL SIGNATURE TO THE PERSON OF TH			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	is filed under R sion, upon writt	ule 505, the following	
Iss	uer (Print or Type)	Date	······································	
A	rgent Classic Convertible Arbitrage Fund II L.P.	September	12, 2008	
-	me of Signer (Print or Type) Title of Signer (Print or Type)			
	David Bruce McMahan Manager of General Parti	ner		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)